

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745923

FILED
Feb 09, 2009
Secretary of State

Entity Name: MULBERRY COMMUNITY SERVICE CENTER, INC.

Current Principal Place of Business:

301 NE 5TH ST
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

301 NE 5TH ST
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-1896141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, STEPHEN
3992 LAUREL CREST DR
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DORSETT, AL
Address: 262 WOOD HALL DRIVE
City-St-Zip: MULBERRY, FL 33860

Title: T () Delete
Name: ALBRITTON, JANET
Address: 400 N CHURCH AVE
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: JACKSON, ELNORA C
Address: 211 GREENWOODS DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: SIMMONS, CAROLYN
Address: 208 NW 2ND ST.
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: BAKER, ROOSEVELT
Address: 406 BADCOCL BLVD
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: SMITH, COLLIN
Address: 601 NW 2ND ST.
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CROWE, JOYCE
Address: 430 PENINSULAR DRIVE
City-St-Zip: LAKELAND, FL 338613

Title: P (X) Change () Addition
Name: SMITH, COLLIN
Address: 601 NW 2ND ST.
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D HOWARD

D

02/09/2009

Electronic Signature of Signing Officer or Director

Date